

EXHIBIT 1: PROOF OF CLAIM NO. 2252

4838-8081-9236.1

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM FILED
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): LAURENCE WOODY WHITE		RECEIVED 2014 FEB 20 A 10:24
Name and address where notices should be sent: P.O. Box 163 (MAILING ADDRESS) 1753 WALNUT ROAD (RESIDENCE) CHLOE, WV 25235 Telephone number: 304-655-6763 email: lww933@frontier.com		COURT USE ONLY <input type="checkbox"/> Check this box if the claim appears to be a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): P.O. Box 163 CHLOE, WV 25235 Telephone number: 304-655-6763 email: lww933@frontier.com		
1. Amount of Claim as of Date Case Filed: \$22,148.30 GROSS ANNUALLY UNTIL DEATH!		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: EMPLOYED BY AND FOR CITY OF DETROIT FOR TWENTY-THREE YEARS AND SEVEN MONTHS (See instruction #2) CITY ENGINEERING; ALSO BLDG & SAFETY ENGINEERING, 23 YEARS AND 7 MONTHS		
3. Last four digits of any number by which creditor identifies debtor: 5115	3a. Debtor may have scheduled account as: SAME AS #1 and #2 of this document (See instruction #3a)	
4. Secured Claim (See instruction #4) YES Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: EMPLOYED BY CITY OF DETROIT Value of Property: \$22,148.30 Annual Interest Rate (when case was filed) N/A % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: AS OF 2/21/2014 \$0 Basis for perfection: _____ Amount of Secured Claim: \$22,148.30 SEE ITEM 1 ABOVE Amount Unsecured: \$0 AS OF 2/21/2014 (SEE ITEM 1 ABOVE)
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$22,148.30 ANNUALLY
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § 503(b)(9), 507(a)(2)		\$22,148.30 ANNUALLY
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted.") DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: LAURENCE WOODY WHITE Title: RETIRED CITY OF DETROIT EMPLOYEE Company: _____ Address and telephone number (if different from notice address above): SAME AS ABOVE		
(Signature) Laurence W. White		(Date) 18 February 2014
Telephone number: 304-655-6763 email: lww933@frontier.com 13-53846-11 Doc 88-1 Filed 02/20/14 Entered 05/21/15 16:52:52 Page 2 of 3 Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment		

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code

GENERAL RETIREMENT SYSTEM
OF THE CITY OF DETROIT
2 WOODWARD AVE RM 908
DETROIT, MI 48226-3455

1 Gross Distribution

\$22,148.30

OMB No. 1545-0119

2013

Form 1099R

Distributions from
Pensions, Annuities,
Retirement or Profit-
Sharing Plans, IRAs,
Insurance Contracts, etc.

PAYER'S Federal Identification number

38-2457952

RECIPIENT'S Identification number

234-48-5115

2a Taxable Amount

\$22,148.30

2b Taxable amount
not determined ☐

Total
Distribution ☐

3 Capital gain (included in box 2a)

4 Federal income tax withheld

\$3,300.00

5 Employee Contributions
/Designated Roth Contributions or
insurance premiums

6 Net unrealized appreciation
in employer's securities

7 Distribution Code(s)

7

IRA/SEP/
SIMPLE

8 Other

9a Your percentage of total
distribution

9b Total employee contributions

12 State tax withheld

13 State/Payer's state no

15 Local tax withheld

16 Name of locality

RECIPIENT'S Name and Address

WHITE LAURENCE W
PO BOX 163
CHLOE, WV 25235-0163

10 Amount allocable to IRR within 5
years

11 1st Yr of Desig Roth contrib.

Account Number 365294

Copy 2
File this copy with your
state, city, or local
income tax return,
when required.

This information is being
furnished to the Internal
Revenue Service.

14 State distribution

17 Local distribution